


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L02000018225 1. Entity Name CANDLELIGHT DEVELOPMENT, LLC |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 11130 CROOM RITAL ROAD BROOKSVILLE, FL 34602 | Mailing Address 11130 CROOM RITAL ROAD BROOKSVILLE, FL 34602 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------|------------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

THOMAS, DAVID A
11130 CROOM RITAL ROAD
BROOKSVILLE, FL 34602

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000789763
01/23/08-800006-010 143.75

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMAS, DAVID A 11130 CROOM RITAL ROAD BROOKSVILLE, FL 34602 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David A. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/08 352-799-7003
Date Daytime Phone